

## **Appendix G. Workgroup Descriptions**

### **Exchange and Insurance Markets Workgroup**

#### ***Co-Chairs***

Beth Sammis, Acting Commissioner, Maryland Insurance Administration  
Rex Cowdry, MD, Executive Director, Maryland Health Care Commission

#### ***Charge***

Critical questions this group should address included: What are the state's goals for an Exchange and what will its functions be? How should the Exchange be structured to achieve its goals? To what extent will the establishment of an exchange either necessitate or provide opportunity for transforming the current health insurance market? What policy changes should be considered to promote affordability and mitigate risk selection? How can we ensure that an exchange will facilitate seamless transitions between commercial and public insurance coverage?

### **Entry into Coverage Workgroup**

#### ***Co-Chairs***

Brian Wilbon, Interim Secretary, Maryland Department of Human Resources  
John Folkemer, Deputy Secretary, Maryland Department of Health and Mental Hygiene – *Health Care Financing*

#### ***Charge***

Critical questions this group should address included: How should Maryland design its approach to facilitating consumers' entry into coverage? How should Maryland simplify and integrate enrollment practices to promote coverage to the fullest extent possible? What policies, operating practices, and system changes should be adopted to maximize access to coverage? To what extent does Maryland want to transition from long-standing enrollment practices designed for income-related coverage to embrace a new paradigm that would help minimize barriers to entry into coverage?

## **Education and Outreach Workgroup**

### ***Co-Chairs***

Marilyn Moon, Commission Chair, Maryland Health Care Commission

Joy Hatchette, Associate Commissioner, Maryland Insurance Administration

### ***Charge***

Critical questions this group should address included: How should the state communicate to various constituencies the significant changes that will occur as health care reform unfolds at both the federal and state level? What type of plan for a coordinated and comprehensive outreach and education strategy should be developed to meet the needs of different groups, including consumers, providers, insurers, employers, and others? How will Maryland assure that efforts are effective and culturally and linguistically appropriate? How should the state address current needs for information on reform implementation and its implications, as well as develop a long-term strategy for ongoing effective communication about the new health care system?

## **Public Health, Safety Net and Special Populations Workgroup**

### ***Co-Chairs***

Delegate James Hubbard, House Health and Government Operations Committee

Fran Phillips, Deputy Secretary, Maryland Department of Health and Mental Hygiene – *Public Health Services*

Renata Henry, Deputy Secretary, Maryland Department of Health and Mental Hygiene – *Behavioral Health and Disabilities*

### ***Charge***

Critical questions this group should address included: How will Maryland ensure that populations that remain without adequate insurance coverage obtain the health care they need? How will the safety net prepare for the likely changes in benefits that are covered by commercial or public insurers? How should the public health infrastructure leverage the demonstration projects, grant opportunities, and other features of reform to augment its resources, increase its effectiveness, and enhance its impact? What changes should occur in how behavioral health services are provided and how will these changes interface with new mental health parity rules and other changes in insured benefits? How will Maryland facilitate the coordination of safety net services in the reformed health care system while identifying both persistent and new unmet needs and coordinating safety net care delivery? What should be expected of traditional safety net providers in an environment in which more people have insurance coverage, and how can the capacity of these providers be leveraged and fostered?

## **Health Care Workforce Workgroup**

### ***Co-Chairs***

Chairman Thomas McLain Middleton, Senate Finance Committee

Wendy Kronmiller, Chief of Staff and Assistant Secretary, Maryland Department of Health and Mental Hygiene

### ***Charge***

Critical questions this group should address included: What steps should Maryland take to ensure sufficient capacity in the health care delivery system to meet increased demand? To what extent should Maryland use a broad range of tools to increase capacity and assure an adequate workforce, including fostering educational and training programs designed for the workforce of the future, changing licensing policies, supporting recruitment and retention strategies, and changing liability laws and regulations? How can Maryland effectively compete for new federal resources to support underserved areas?

## **Health Care Delivery System Workgroup**

### ***Co-Chairs***

Eloise Foster, Secretary, Maryland Department of Budget and Management

Chairman Peter Hammen, House Health and Government Operations Committee

### ***Charge***

Critical questions this group should address included: How will Maryland use the new tools and opportunities available through reform to improve quality and contain costs? How will Maryland promote the use of evidence-based practices? How will Maryland address the fundamental cost drivers in health care?